about three or four weeks a letter to me announced the lady's convalescence, and an unequivocal progress in her pregnancy.—*Lancet*, April 16, 1842.

23. *Suffocating Catarrh.*—Mr. Robinson recommends closure of the patient's nostrils with the thumb and fore-finger during expiration, and leaving them free during inspiration, when a paroxysm of suffocating cough is present, and he says that in a very short time the patient will be relieved. He adds that he has adopted this plan whenever he had occasion so to do, and always with success.—*Lond. Med. Gaz.*

24. *Cough from Spinal Irritation.*—A lady had been under treatment for some time for violent fits of short convulsive nervous cough, which came on several times during the day. The paroxysm lasted, at each attack, eight or ten minutes—in fact, till she was quite exhausted. She seemed otherwise in perfect health. There was no affection of the chest or larynx. She was about eight-and-twenty, married, of a very fine personal appearance. I begged to examine the spine: it was perfectly regular and straight; but on tapping the spinous processes of the vertebræ hard with the end of my finger, percussion of the three middle dorsal spines caused her to shrink with a sense of inward soreness and pain. I slightly broke the skin at two places, half an inch to one side of the spinous processes of these vertebræ (producing superficial sloughs,) by rubbing it with potassa fusa. In five days there was evident amendment. Twice in the fortnight the caustic was reapplied. The local soreness, and the cough in little more than this period had vanished. The surface broken at each point was an oval, half an inch by a quarter of an inch.—*London Med. Gaz.*, February 4, 1842.

25. *Hiccup from Spinal Irritation.*—A young lady, aged 19, was placed under my care for violent fits of hiccup, for which she had been under treatment ineffectually for two or three months. She was pale and delicate in appearance; but the want of colour was natural to her, and her constitution was good, and her health not otherwise disturbed; she was only thinner than usual, and weaker, and worn in spirits, from the frequent recurrence of the fits of hiccup, which supervened on any exertion or surprise, on the most trifling physical or mental excitement. I examined the back, which was perfectly straight; but I found that from about the fourth to the last dorsal vertebra, on tapping the spinous processes a sense of inward soreness was produced. I resorted to the same method as in the last case, and in three months the patient had quite recovered. The hiccup had not been the only symptom: if the paroxysm was violent, it was sure to be accompanied with pain of the right side, and a thrilling sensation in the right ulnar nerve at the elbow, extending to the wrist and little finger. Frequent rests during the day in the recumbent posture, I found an important accessory part of the treatment; with, towards the close, exercise to an extent short of fatigue, and tonic medicine.

Three years afterwards (June, 1841,) this young lady came again under my care, for a return of the same complaint. It had been brought on by fatigue and anxiety: her father had died, and, in a few months afterwards, her mother. The hiccup was, in this attack, as troublesome as before in the former: there was the same pain in the right arm and right side; and a new feature, weakness of the right knee; and occasionally a short fit of coughing. The same inward soreness of the back was present. She recovered again under similar treatment; after which she went to Brighton, by my advice, and bathed frequently: she there completely regained her full health and strength. In both of these attacks, the local tenderness was throughout exactly commensurate with the tendency to hiccup, and lessened, decreasing in extent and intensity, as the hiccup lessened."—*Ibid.*

26. *Asphyxia—the relative importance of warmth and cold to the surface.*—The use of the warm-bath in all cases of asphyxia, seems to be a practice so generally adopted that we must invite especial attention to the following remarks,

extracted from a paper by Mr. SNOW, in the *London Med. Gazette*, (Nov. 5, 1841.)

"A consideration of great practical importance in the study of asphyxia is, the influence of the temperature of the medium in which it takes place. Dr. Edwards, of Paris, by a most extensive and beautiful set of experiments, has proved that throughout the animal kingdom, asphyxia is much more sudden at a high than at a low or moderate temperature; and that even cold-blooded animals, which will linger for hours deprived of oxygen at a low temperature, will die as quickly as mammalia or birds in water at blood heat: even fishes will die in a few seconds, or at most two minutes, in water at 100° Fahrenheit, that has been deprived of its air by boiling, although this temperature would not injure them with sufficient air. He found that new-born mammiferous animals die most slowly in water at about 60 degrees, which is ordinary cold water, and that they die much more quickly as the water approaches blood heat. Dr. Edwards advises that persons in the state of suspended animation should, amongst other measures, be exposed to the cool air: and that the application of heat should be avoided, unless indeed just a momentary application, to endeavour to arouse sensibility. The Royal Humane Society, however, directs the application of warmth in all practicable ways, not only as an auxiliary to artificial respiration, but even to commence with, if the means for the latter are not in readiness; and most authors, I believe, coincide with the views of the Humane Society. Dr. Edwards considers it is by its effects on the nervous system, and through that on the heart, that a high temperature produces its effects. I think that, although the nervous system may be affected, and is probably the channel of its impression, yet that the deleterious effects of an elevated temperature, when respiration is stopped, depend on its stimulating the capillary circulation of the system, and thus promoting the de-oxygenation of the blood, that change which is antagonistic of respiration, which rules its extent under all circumstances, and which, in fact, constitutes the necessity for having a respiration. But, whatever view we take of this point, the fact of the influence of temperature on asphyxia proves that the application of heat ought to be avoided until respiration is thoroughly established, when it will, no doubt, be a useful auxiliary to restore sensibility and renovate the patient.

"The number of children that die of asphyxia at the time of birth is very considerable. Writers on midwifery have stated that one-twentieth of the children brought forth are still-born, and of these a large proportion are asphyxiated, from various causes, often at the very moment of birth. The first measures that are generally and very properly adopted, when a child is born in a state of suspended animation, are to admit the cool air to its skin, to dash a few drops of cold water on it, and use similar means to arouse sensibility, more especially that of the nerves of respiration. From the great vascularity and sensibility of the skin, and the thinness of the cuticle of new-born children, great benefit may be expected from the access of air to the surface of the body. Immersion in warm water is sometimes had recourse to, and I have seen it completely successful in two or three instances, after the means just enumerated had failed; but this is a dangerous measure, one which, if it do not succeed, will quickly extinguish any possibility of recovery which may exist, as we have already seen. The great object in this, as in every case of asphyxia, is to establish respiration; and if the patient cannot be roused to perform natural breathing, artificial respiration must be had recourse to as quickly as possible.

"Several eminent authors on midwifery recommend breathing into the lungs of the child, if other means are not at hand; but not much good can be expected from a measure which would undoubtedly suffocate a living child, and where there is any disposition to natural breathing, this will be decidedly injurious. Allen and Pepys found that air which had been once breathed, contained about 8 per cent. of carbonic acid, and that if the same air were breathed over and over again, till suffocation was felt, it would contain but 10 per cent. of the same gas."